

**Norridge Police Department  
Accident Review Board**

Date Assigned	Member	Present	Excused	Unexcused
5/1/2003	Officer Malicki	X		
7/15/2016	Corporal Wendt	X		
10/01/2016	Officer Smith	X		
6/28/2017	Sergeant Rice	X		

**Review Date:** June 30, 2017

**M/V Crash Incident Number:** 2017-07207

**Officer:** Officer Anthony Beckman #16

**Squad:** #526

**1. Classification I**

- a. The incident was NON-Preventable and the employee was not at fault. Caution was apparently exercised.
- b. The employee was legally parked or standing.
- c. The employee was aware of the impending hazard, was alert to the consequences and skillful in minimizing the effect of the hazard.
- d. In incidents the board resolves to be Classification I, no disciplinary action will be taken.

**2. Classification II**

- a. The employee failed to exercise reasonable and due care.
- b. The employee deviated inexcusably from department rules, regulations, procedures and/or general safety practices.
- c. In incidents the board resolves to be Classification II, disciplinary action recommended may be:
  - (i) For the very first incident of record for the employee in a rolling 24 month period, a letter of reprimand will be issued and attendance and successful completion of a Defensive Driving Course may be ordered. Only one letter of reprimand may be issued during the 24 month period in which the incident occurred.
  - (ii) For a second Classification II finding by the board in the 24 month period a 2 day suspension without pay shall be imposed.
  - (iii) For a third Classification II finding by the board in a 24 month period, a 3 day suspension without pay shall be imposed.

**Recommendation:** The board unanimously agreed on 2a.



# NORRIDGE POLICE DEPARTMENT



## Employee Warning Notice

Name: Anthony Beckman Star #: 16 Date: July 7, 2017

TYPE OF VIOLATION				
<input type="checkbox"/> Attendance	<input type="checkbox"/> Carelessness	<input type="checkbox"/> Insubordination	<input type="checkbox"/> Late Arrival/Early Quit	
<input type="checkbox"/> Failure to Follow Instructions	<input type="checkbox"/> Rudeness Towards Citizens	<input type="checkbox"/> Willful Damage to Equipment	<input type="checkbox"/> Personal Business While on Duty	
<input type="checkbox"/> Unsatisfactory Work Performance	<input type="checkbox"/> Violations of Policy/Procedure	<input checked="" type="checkbox"/> Motor Vehicle Crash	<input type="checkbox"/> Missing a Court Date	

Date of Violation: June 28, 2017 Time of Violation: 0541

### DESCRIPTION OF VIOLATION:

Officer Beckman while switching a vehicle at the Montrose Ottawa Garage did strike the brick wall while pulling the vehicle out. The vehicle (Unit 526) was damaged along the right rear door. The Accident Review committee subsequently found the crash to be classified as 2a. in the Safety Review Board Policy A-22. The employee failed to exercise reasonable and due care.

### OFFICER'S STATEMENT:

Beckman I agree with the above description ☐ I disagree with the above description

My reason is: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Officer's Signature Star # Date

ACTION TAKEN	DATE	SUPERVISOR NAME & STAR
<input type="checkbox"/> Verbal Warning		
<input checked="" type="checkbox"/> Written Warning	07/07/17	NICHOLAS RICE #202
<input type="checkbox"/> Disciplinary Write-up		

### CONSEQUENCES IF VIOLATION OCCURS AGAIN;

A second Classification 2a violation within the next 24 months will result in a 2 day suspension without pay.

I have read and understand this warning;

Beckman #16  
Officer's Signature / Star#

07/14/17  
Date

Supervisor Issuing Warning:

N. Rice #202  
Supervisor's Signature / Star #

07/14/17  
Date

## ILLINOIS TRAFFIC CRASH REPORT

Sheet 1 of 1 Sheets



\*P0113\*

\*U140431175\*

DRAC U1	PEDV U2	TRED U1	TREC U1	WEAT U1	DRVA 99	U1	U2	U1	U2	VEHD U1	U2	LGHT 1	COLL 6	MANV U1	PPA 99	PPL 9																																																													
INVESTIGATING AGENCY <b>NORRIDGE</b>						DAMAGE TO ANY ONE PERSON'S VEHICLE / PROPERTY <input checked="" type="checkbox"/> \$500 OR LESS <input type="checkbox"/> \$501 - \$1,500 <input type="checkbox"/> OVER \$1,500						TYPE OF REPORT <input checked="" type="checkbox"/> ON SCENE <input type="checkbox"/> NOT ON SCENE (DESK REPORT) <input type="checkbox"/> AMENDED						<input checked="" type="checkbox"/> A No Injury / Drive Away <input type="checkbox"/> B Injury and / or Tow Due To Crash						AGENCY CRASH REPORT NO. <b>17 07207</b>						TRFW <b>13</b>																																															
ADDRESS NO. <b>4348</b>						HIGHWAY or STREET NAME <b>N. OTTAWA</b>						City <b>NORRIDGE</b>						INTERSECTION RELATED <input type="checkbox"/> Y <input checked="" type="checkbox"/> N						DATE OF CRASH mo day yr <b>06/28/17</b>						TIME <b>5:41</b> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM						LARS CODE						VEHT <b>U1</b>																																			
<input type="checkbox"/> (CIRCLE) FT / MI N E S W						<input type="checkbox"/> AT INTERSECTION WITH <b>PRIVATE PROPERTY</b>						COUNTY <b>COOK</b>						PRIVATE PROPERTY <input checked="" type="checkbox"/> Y <input type="checkbox"/> N						DOORING WITH PEDALCYCLIST? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N						NUMBER MOTOR VEHICLES INVLD <b>1</b>						LARS CODE						U2																																			
NAME <input checked="" type="checkbox"/> DRIVER <input type="checkbox"/> PARKED <input type="checkbox"/> DRIVERLESS <input type="checkbox"/> PED <input type="checkbox"/> PEDAL <input type="checkbox"/> EQUUS <input type="checkbox"/> NMV <input type="checkbox"/> NOV						DATE OF BIRTH mo day yr <b>06/28/17</b>						MAKE <b>FORD</b>						MODEL <b>CROWN VICTORIA</b>						YEAR <b>11</b>						CIRCLE NUMBER(S) FOR DAMAGED AREA(S) 00 - NONE 10 - UNDER CARRIAGE 11 - TOTAL (ALL AREAS) 12 - OTHER 99 - UNKNOWN POINT OF FIRST CONTACT <b>03</b>						FRONT 8 1 2 7 9 3 6 5 4 REAR						TOWED DUE TO CRASH <input type="checkbox"/> Y <input checked="" type="checkbox"/> N FIRE <input type="checkbox"/> Y <input checked="" type="checkbox"/> N CELLPHONE <input type="checkbox"/> Y <input checked="" type="checkbox"/> N EXCEED SPEED LIMIT <input type="checkbox"/> Y <input checked="" type="checkbox"/> N COM VEH * IF YES SEE SIDEBAR						NO. LANS <b>0</b>						ALGN <b>1</b>		RSUR <b>1</b>		VEHU <b>6</b>		U1																	
LAST, FIRST, MI <b>BECKMAN, ANTHONY</b>						SEX <b>M</b>						SAFT <b>2</b>						AIR <b>4</b>						PLATE NO. <b>MP7111</b>						STATE <b>IL</b>						YEAR <b>-</b>						VIN <b>2FABP7BV3BX104434</b>						INSURANCE CO. <b>VILLAGE OF NORRIDGE ALLIANT-METROW INS.</b>						TELEPHONE <b>708 453-0800</b>						POLICY NO. <b>BGA3005405</b>						U2						RDEF <b>1</b>		BAC <b>97</b>		U1	
STREET ADDRESS <b>4020 N. OLCOTT</b>						CITY <b>NORRIDGE</b>						STATE <b>IL</b>						ZIP <b>60706</b>						INJURY <b>0</b>						EJECT <b>1</b>						VEHICLE OWNER (LAST, FIRST M.I.) <b>VILLAGE OF NORRIDGE</b>						INSURANCE CO. <b>VILLAGE OF NORRIDGE</b>						TELEPHONE <b>708 453-0800</b>						POLICY NO. <b>BGA3005405</b>						U2						DIRP <b>1</b>		U1									
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TELEPHONE <b>708 453 4770</b>						DRIVER LICENSE NO. <b>IL D</b>						STATE <b>IL</b>						CLASS <b>D</b>						VEHICLE OWNER (LAST, FIRST M.I.) <b>VILLAGE OF NORRIDGE</b>						INSURANCE CO. <b>VILLAGE OF NORRIDGE</b>						TELEPHONE <b>708 453-0800</b>						POLICY NO. <b>BGA3005405</b>						U2						DIRP <b>1</b>		U1																					
TAKEN TO						EMS AGENCY						OWNER ADDRESS (STREET, CITY, STATE, ZIP) <b>4000 N. OLCOTT NORRIDGE 60706</b>						TELEPHONE <b>708 453-0800</b>						POLICY NO. <b>BGA3005405</b>						U2						DIRP <b>1</b>		U1																																							
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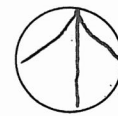
(UNIT)	(SEAT)	(DOB)	(SEX)	(SAFT)	(AIR)	(INJ)	(EJECT)	PASSENGERS & WITNESSES ONLY	(NAME) / (ADDR) / (TEL)	(HOSP)	(EMS)
		/ /									
		/ /									
		/ /									
		/ /									
		/ /									

(UNIT)	(EVNO)	(MOST)	(EVNT)	(LOC)	DAMAGED PROPERTY OWNER NAME	DAMAGED PROPERTY	CONTRIBUTORY CAUSE(S)	POSTED SPEED LIMIT	DID CRASH OCCUR IN A WORK ZONE?
1	1	2	11	1	PROPERTY OWNER ADDRESS	CITY STATE ZIP	PRIMARY 18		<input checked="" type="checkbox"/> Y
1	3				ARREST NAME	SECTION CITATION NO.	SECONDARY		<input type="checkbox"/> N
1	1				ARREST NAME	SECTION CITATION NO.			<input type="checkbox"/> Y
2	2				OFFICER ID.	SIGNATURE	DATE POLICE NOTIFIED	TIME NOTIFIED	<input type="checkbox"/> Y
2	3				BEAT / DIST.	SUPERVISOR ID.	COURT DATE	COURT TIME	<input type="checkbox"/> Y

REMEMBER TO USE BLACK INK, PRESS HARD, PRINT LEGIBLY AND COMPLETE ALL REQUIRED FIELDS!

U140431175

A **Diagram** and **Narrative** are required on all **Type B** crashes, even if units have been moved prior to the officer's arrival.

INDICATE NORTH  
BY ARROW

MONTROSE

OTTAWA

NARRATIVE (Refer to vehicle by Unit No.)

UNIT 1 WAS N/B EXITING A GARAGE AT  
4348 N. OTTAWA. REAR PASSENGER SIDE DOOR OF  
UNIT 1 STRUCK THE GARAGE CAUSING SCRATCHES  
TO UNIT 1. GARAGE SUFFERED NO DAMAGE.

LOCAL USE ONLY

U1 Color

BLK

U2 Color

U1 Towed by / to

N/A

U2 Towed by / to

## COMMERCIAL MOTOR VEHICLE (CMV)

IF MORE THAN ONE CMV IS INVOLVED, USE SR 1050A  
ADDITIONAL UNITS FORMS.

A CMV is defined as any motor vehicle used to transport  
passengers or property and:

1. Has a weight rating of more than 10,000 pounds (example: truck or truck/trailer combination); or
2. Is used or designed to transport more than 15 passengers, including the driver (example: shuttle or charter bus); or
3. Is designed to carry 15 or fewer passengers and operated by a contract carrier transporting employees in the course of their employment (example: employee transporter - usually a van-type vehicle or passenger car); or
4. Is used or designated to transport between 9 and 15 passengers, including the driver, for direct compensation (example: large van used for specific purpose); or
5. Is any vehicle used to transport any hazardous material (HAZMAT) that requires placarding (example: placards will be displayed on the vehicle).

CARRIER NAME

ADDRESS

CITY/STATE/ZIP

USDOT NO.

ILCC NO.

Source of above info. ☐ Side of Truck ☐ Papers ☐ Driver ☐ Log Book

Gross Vehicle Weight Rating (GVWR)

Were HAZMAT placards displayed on the vehicle?

☐ Y ☐ N

If yes, name on placard

4-digit UN no.

1-digit Hazard Class no.

Did HAZMAT spill from the vehicle (do not consider fuel from the vehicle's own tank)? ☐ Y ☐ N ☐ UNKDid HAZMAT Regulations violation contribute to the crash? ☐ Y ☐ N ☐ UNKDid Motor Carrier Safety Regulations (MCS) violation contribute to the crash? ☐ Y ☐ N ☐ UNK

Was a Driver/Vehicle Examination Report form completed?

HAZMAT ☐ Y ☐ N ☐ UNK Out of Service? ☐ Y ☐ NMCS ☐ Y ☐ N ☐ UNK Out of Service? ☐ Y ☐ N

Form No.

IDOT PERMIT NO.

WIDE LOAD? ☐ Y ☐ N

TRAILER WIDTH(S): 0-96"

97-102"

&gt;102"

TRAILER 1 ☐☐☐TRAILER 2 ☐☐☐

TRAILER LENGTH(S): 1 \_\_\_\_\_ ft

TRAILER 2 \_\_\_\_\_ ft

TOTAL VEHICLE LENGTH \_\_\_\_\_ ft

NO. OF AXLES \_\_\_\_\_

SELECT CODES FROM BACK COVER OF CRASH BOOKLET

VEHICLE CONFIGURATION \_\_\_\_\_

CARGO BODY TYPE \_\_\_\_\_

LOAD TYPE \_\_\_\_\_